

# **PROVIDER CERTIFICATION & CONTRACT MONITORING ANNUAL TRAINING**

August 23, 2023

Oklahoma Department of Mental Health and  
Substance Abuse Services





# TRAINING GOALS

- Awareness and understanding of the changes to contract monitoring processes and requirements
- Awareness and understanding of changes to provider certification standards
- Orientation to provider education materials



# AGENDA

**Welcome/Introduction**

**9am – 9:15 am**

**Overview of Contract Monitoring Updates**

**9:15am – 9:45am**

**Overview of Provider Certification Updates**

**9:45 am – 10:30 am**

**Q/A**

**10:30 am – 11 am**



# Contract Monitoring Staff

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Fiscal Year  
2023  
Updates &  
Guidance





# Important Changes from FY23

## **Public Health Emergency (PHE) ended on 5/11/23**

- Verbal Consent is no longer accepted in lieu of signatures. Signatures can be written in person, or digital/electronic.
- Important information regarding telehealth/audio only billing is available here: <https://oklahoma.gov/odmhsas/pup/phe.html>



# Important Changes from FY23

## **Boiler Plate**

- All housing referrals must be made to an OKARR certified residence, Oxford House, or ODMHSAS approved (contracted or certified as housing first) facility (BP III. R.).
  - All approved housing referral locations can be found at <https://oklahoma.gov/odmhsas/recovery/housing.html>.



# Important Changes from FY23

## **Boiler Plate**

- Domestic violence liaison training requirements (BP III. O.)
  - New DV liaisons must attend orientation with the ODMHSAS Manager of Trauma Informed Care (or designee) within 90 days of designation.
  - All DV liaisons must complete 3 hours of training within 90 days of designation & 3 more hours within the first year. Yearly, a minimum of 3 hours of continuing education regarding domestic violence, sexual assault, stalking or human trafficking are required.



# Important Changes from FY23

## **Services Manual Changes from FY23**

- Case management assessment requirements have been moved to the Services Manual (pg. 98-99).
- Transition/discharge plan requirements have moved to the Services Manual (pg. 101).
- Assessments must be signed by the client, parent/guardian (if applicable), & LBHP/licensure candidate.
  - If it is a licensure candidate, it must be co-signed by a fully licensed clinician.



# Guidance on Assessment Signatures

- Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.
- If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.
- If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.



# Clinical Review FY23: Common Findings

## **Plan of Correction Findings:**

- Items/issues that do not comply with the FY23 Services Manual.
- ASI/TASI/CAR scores were incorrectly reported on the CDC.
- Tobacco use was incorrectly reported on the CDC.
- Client had positive TB screen & was not provided a referral for services.
- ASAM &/or ASI was missing at required intervals (admission, discharge, & treatment plan update).



# Clinical Review FY23: Common Findings

## **Service Verification Issues:**

- No progress or barriers to progress and/or progress not related to identified goal/objective.
- Service billed was not documented in the note.
- No clinician intervention.
- No note/documentation for service billed.
- No valid/active treatment plan.
- No goal/objective identified.

Fiscal Year  
2024  
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# Contract Monitoring Guide

- A Contract Monitoring Guide is now available on the ARC website.
  - Documents tab under “ODMHSAS Contracted Agencies Only”
  - [odmhsas.org/picis/Documents/arc\\_Documents.htm](https://odmhsas.org/picis/Documents/arc_Documents.htm)
- This guide includes information related to:
  - Purpose & process for reviews
  - Common findings & examples
  - Important notes regarding recoupment
  - FAQs





# Important Changes for FY24

## Services Manual Changes for FY24

- All changes to the Service Manual for FY24 can be found on the last page (pg. 146).
- Group Therapy description updated: *“This service does not include social skill development, daily living skill activities, or curriculum-based sessions/discussions without clinician intervention”.*
- The Problem Gambling Severity Index (PGSI) or the Southern Oaks Gambling Screen (SOGS) WITH supporting documentation of DSM-IV criteria must be used in assessing problem gamblers.
- Consumer response is no longer a separate requirement for progress notes. Please continue to document barriers and progress.



# Reminders



- Personnel, Policy & Procedure Review has started. If you have not received your request for information, you will within the next month.
- Clinical Reviews will begin in the 2<sup>nd</sup> quarter and continue through 3<sup>rd</sup> quarter, possibly into the 4<sup>th</sup> quarter.
  - Follow up reviews typically take place in the 4<sup>th</sup> quarter.
- If at any time your agency needs an extension or rescheduling, please don't hesitate to communicate with your reviewer, as we are happy to accommodate requests as our schedule allows.





# Provider Certification Staff

## **Program Manager of Provider Certification**

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# Updates to Provider Certification Standards

## Important Notes

- As a reminder, while these rules go into effect 9/15/2023, Provider Certification will not start evaluating providers on these standards until 11/1/2023. This is meant to give providers a lead time to adjust to the new requirements.
- An updated Provider Certification manual reflecting these changes will be available by October 1.



# Changes to Chapter 1: Administration

- 450:1-1-1.1 – Defines a Sentinel Event to “include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while an outpatient consumer is an active consumer and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.”
  - *This language clarifies what DMH considers to be a sentinel event within each level of care.*
- 450:1-9-5.6 - Clarifies that programs under Chapter 18 (in addition to Chapter 27) performing only outpatient services are not required to complete physical and non-physical intervention training.



# Changes to Chapter 15: Consumer Rights

- 450:15-3-6: Communications and social contacts has been updated for inpatient facilities to outline consumer rights for contacts between the consumer and family as well as legal representation.
- 450:15-3-14: Language regarding medication access for consumers receiving residential/inpatient services has been added.



# Changes to Chapter 17: CMHC/CCBHC

Important changes include:

- 450:17-5-177 General service provisions – coordination/services for persons discharging from jail
- 450:17-5-184. Crisis Services – additional language regarding mobile crisis response times and specialized crisis services
- 450:17-5-189.3 Intensive services for consumers with serious mental illness/ serious emotional disturbance



# Changes to Chapter 21: ADSAC

- Many alterations have been made to streamline the chapter and clarify requirements.
- Significant changes include:
  - New process for renewal of individual certifications (facilitators and assessors)
  - New compliance thresholds for agency certifications



# Changes to Chapter 23: Crisis Centers (CBSCC)

- Important changes include:
  - 450:23-3-23. URC Crisis intervention services - adds requirement for one in-person LPN/RN 24/7 in URCs
  - Other changes clarify pharmacy services and discharge planning requirements for URC vs. crisis unit



# Changes to Chapter 70: OTPs

- There have been extensive revisions made meant to streamline the chapter and align requirements with federal OTP regulations.
- Important changes include:
  - Changes to required drug testing frequency
  - Amended requirements for take-home dosing
  - Changes to phase descriptions



# Process Change: Adding Optional Services

- **Providers who are requesting optional services be added to their certification must be providing them at the time of the review process.**
  - For example, a Chapter 27/Outpatient Mental Health provider who has decided that they wish to perform case management must have active and open files with case management available for review at each of the locations they wish to render case management.
- **Providers who wish to render these services but at the time of review do not have open and active files for review may still do so after the review has ended.**
  - However, the provider must wait until certification has been granted from the ODMHSAS board, then request Provider Certification add these services once consumers have been identified as needing these services and the provider has the appropriate staff in place to render the services.



# Commonly Issued Findings

*Note: This is not an exhaustive list of all findings that Provider Certification has issued in the last year but is designed to be an overview of items commonly encountered by the Provider Certification review staff.*

# 450:1-9-5.4



## **Core organizational standards for faculties and programs**

### **(e) Information Analysis and Performance Improvement.**

(1) With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have an ongoing information analysis and performance improvement system in order to objectively and systematically monitor, evaluate, and improve consumer outcomes and organizational performance.

(2) The system shall also address the fiscal management of the facility or program.

(3) Each facility and program shall prepare a year-end management report annually which shall include, at a minimum:

(A) An analysis of consumer outcomes and organizational processes, including:

(i) A quarterly quality consumer record review to evaluate the quality of service delivery, including:

(I) Appropriateness of services;

(II) Patterns of service utilization;

(III) Consumer involvement in service planning;

(IV) Assessment processes;

(V) Service planning procedures and compliance;

(VI) Alignment between services provided and treatment goals;

(VII) Service documentation procedures and compliance; and

(VIII) Alignment between services provided and billed service encounters.



## 450:1-9-5.4 (cont.)

(A) An analysis of consumer outcomes and organizational processes, including:

(ii) A review of staff privileging processes;

(iii) A review of critical incidents and consumer grievances and complaints;

(iv) An assessment of service provision, including the provision of trauma-informed, co-occurring capable, culturally competent, and consumer-driven services; and

(v) Consumer satisfaction.

(B) Identified areas of improvement; and

(C) Strategies that will be implemented to address areas of improvement.

(4) The management report shall be made available to consumers, staff, the governing authority and ODMHSAS upon request.

# 450:1-9-5.6



## Quality clinical standards for facilities and programs

### (a) Staff qualifications.

- (1) All staff who provide clinical services within facilities and programs shall have documented qualifications or training specific to the clinical services they provide.
- (2) Each facility or program shall have policies and procedures for documenting and verifying the training, experience, education, and other credentials of service providers prior to their providing treatment services for which they were hired. All staff shall be documented as privileged prior to performing treatment services.
- (3) All direct care staff shall be at least eighteen (18) years old.
- (4) Each facility or program shall minimally perform a review each calendar year of current licensure, certifications, and current qualifications for privileges to provide specific treatment services.

# 450:1-9-5.6



**Quality clinical standards for facilities and programs**  
**(b) Staff Development and training**

# 450:1-9-5.6



## Quality clinical standards for facilities and programs

### (c) Clinical supervision.

(1) With the exception of facilities certified under Chapter 16 of this Title, all facilities and programs shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and Unofficial Copy: OAC Title 450:1 36 Effective 09/15/2022 service staff. For facilities that employ only one service provider, supervision will be in the form of clinical consultation from a qualified service provider in the same field. These policies shall include, but are not limited to:

- (A) Credentials required for the clinical supervisor;
- (B) Specific frequency for case reviews with treatment and service providers;
- (C) Methods and time frames for supervision of individual, group, and educational treatment services; and
- (D) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.

(2) Ongoing clinical supervision shall be provided and shall address:

- (A) The appropriateness of treatment selected for the consumer;
- (B) Treatment effectiveness as reflected by the consumers meeting their individual goals; and
- (C) The provision of feedback that enhances the clinical skills of service providers.

# 450:1-9-5.6



## **Quality clinical standards for facilities and programs**

### **(f) Critical incidents**

- Many of the issues stem from the lack of required items or the reporting of events to ODMHSAS.



# Reminders



- Provider Certification is always available to hear questions regarding the intent of the standards and what interpretation the division takes of specific rules.
- We want the process to be as efficient as possible and always welcome feedback on reviews.
- Our goal is for our providers to learn from the process and find ways that regulations can be met in order to satisfy chapter requirements and benefit consumers.
- Provider Certification and ADSAC are now the same division, while we do have separate administrative staff to aid in processing the needed materials. Feel free to send clinical questions regarding the standards directly to Dustin Robins at [dustin.robins@odmhsas.org](mailto:dustin.robins@odmhsas.org).

